

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

July 14, 2023

[REDACTED], REGULATORY DIRECTOR
ABINGTON SENIOR CARE LLC
[REDACTED]
[REDACTED]

RE: THE TERRACE AT CHESTNUT HILL
495 EAST ABINGTON AVENUE
PHILADELPHIA, PA, 19118
LICENSE/COC#: 14157

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/13/2023, 06/15/2023, 06/16/2023, 06/20/2023, 06/23/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE TERRACE AT CHESTNUT HILL* License #: *14157* License Expiration: *08/16/2023*
 Address: *495 EAST ABINGTON AVENUE, PHILADELPHIA, PA 19118*
 County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *ABINGTON SENIOR CARE LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *09/17/1996* Issued By: *City of Philadelphia L&I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *119* Waking Staff: *89*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *06/23/2023*

Inspection Dates and Department Representative

06/13/2023 - On-Site: [REDACTED]
 06/15/2023 - Off-Site: [REDACTED]
 06/16/2023 - Off-Site: [REDACTED]
 06/20/2023 - Off-Site: [REDACTED]
 06/23/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *122* Residents Served: *78*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Lilac* Capacity: *45* Residents Served: *29*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *41* Have Physical Disability: *12*

Inspections / Reviews

06/13/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/16/2023*

07/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/14/2023

07/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/12/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 07/11/2023)

All residents' medical charts were audited by Executive Director for compliance of 2600.141B. At this time all DME's are in place and in compliance. Nursing team was educated on 7/10/23 of the regulation requirement. (See attached in-service).

Moving forward, Executive Director and or designee will check 10 random charts monthly to ensure compliance of this regulation and that a DME is in place in the residents' medical record.

Licensee's Proposed Overall Completion Date: 07/11/2023

Implemented [REDACTED] - 07/14/2023)

225c - Additional Assessment

2. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment dated [REDACTED] for resident 2 did not indicate the assessor's name, title, signature, or the date signed.

Plan of Correction

Accept [REDACTED] - 07/11/2023)

All residents' medical charts were audited by Executive Director for compliance of 2600.225c. At this time all assessments are in place and in compliance. Nursing team was educated on 7/10/23 of the regulation requirement. (See attached in-service).

Executive Director, Director of Wellness and or designee will check 10 random charts monthly to ensure compliance of this regulation and that an assessment is in place in the residents' medical record containing the signature, title and date of assessor and resident.

Licensee's Proposed Overall Completion Date: 07/11/2023

Implemented [REDACTED] - 07/14/2023)

227g -Support Plan Signatures

3. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

227g Support Plan Signatures (continued)

Plan of Correction

Accept [REDACTED] - 07/11/2023)

All residents' medical charts were audited by Executive Director for compliance of 2600.227g. At this time all assessments are in place and in compliance. Nursing team was educated on 7/10/23 of the regulation requirement. (See attached in service).

Executive Director, Wellness Director and or designee will check 10 random charts monthly to ensure compliance of this regulation and that the assessment is in place in the residents' medical record reflecting the signature, title and date of assessor as well as the residents' signature and date.

Licensee's Proposed Overall Completion Date: 07/11/2023

Implemented [REDACTED] - 07/14/2023)